SUD Module C:

Care Management

or…….

How to not cure anyone
& still accomplish something
& go home happy

What is the problem?

If we already know this, then what is the problem?

- Initial models of addiction treatment emphasized the need for total and permanent abstinence (i.e., permanent remission, cure)
- Anything less was a failure (dichotomous outcome criteria)

What is the problem?

- Addiction treatment developed separated from medical and psychiatric treatment
- Psychiatry in particular was excluded
- Any treatment outside of specialized units was considered inadequate or worse (enabling)

Barriers to providing care for chronic addiction

- Programmatic dogmatism and idealism
- Lack of understanding among policymakers, society, and MCOs
- Political and regulatory climate

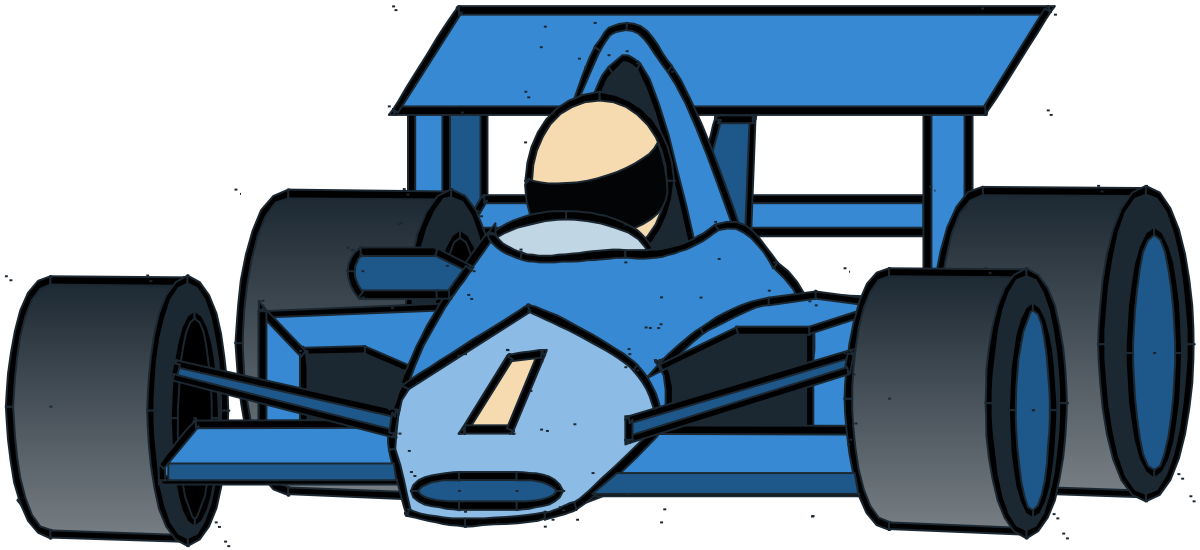
Barriers to providing care for chronic addiction

- Lack of training in addiction treatment
- Lack of models for care management
- Goal setting and treatment planning

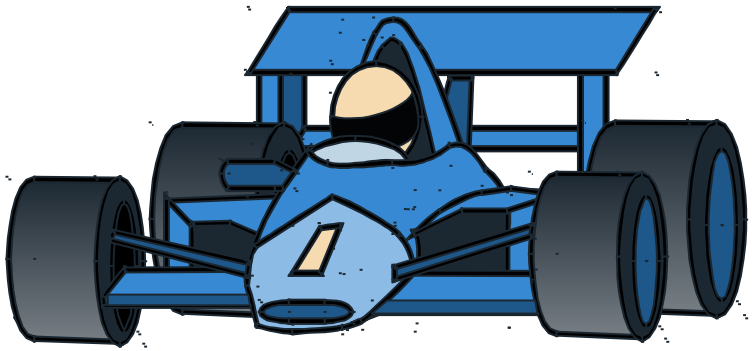
Double Double Bind! Bind!

- Clients have severe problems
- Programs don’t work, won’t accept clients, or clients won’t go
- If clinicians act, they are accused of enabling, or doing too much w/o results
- If clinicians do not act, they are accused of neglect, doing too little

So we needed a new model...



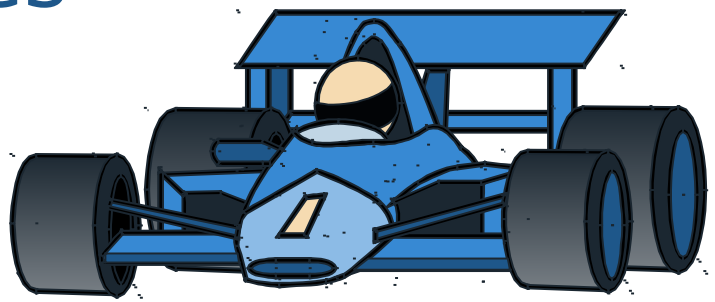
A model that:



- Accepts chronicity
- Recognizes limits of treatment methods
- Is palliative (non-curative) in nature

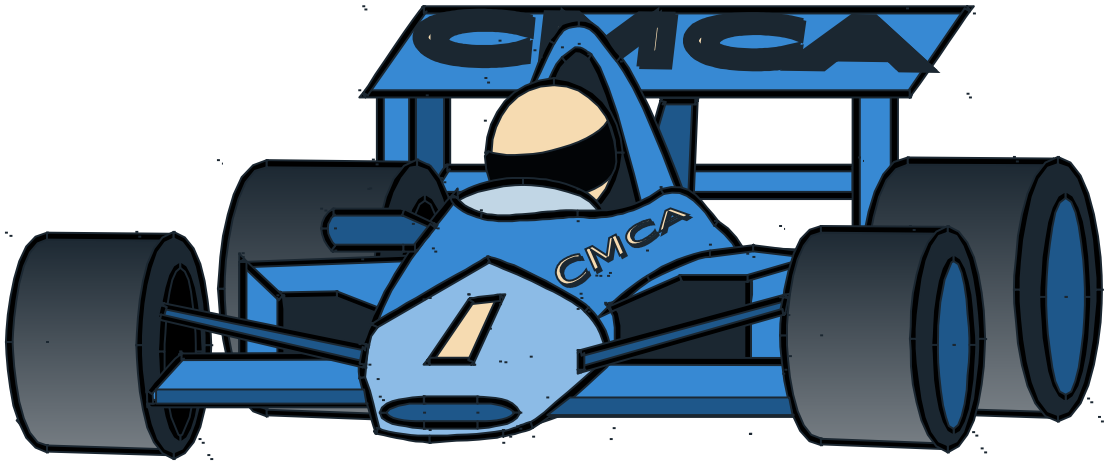
A model that:

- Stresses long term management (years to decades)
- Treats addiction like other chronic diseases such as bipolar disorder or diabetes

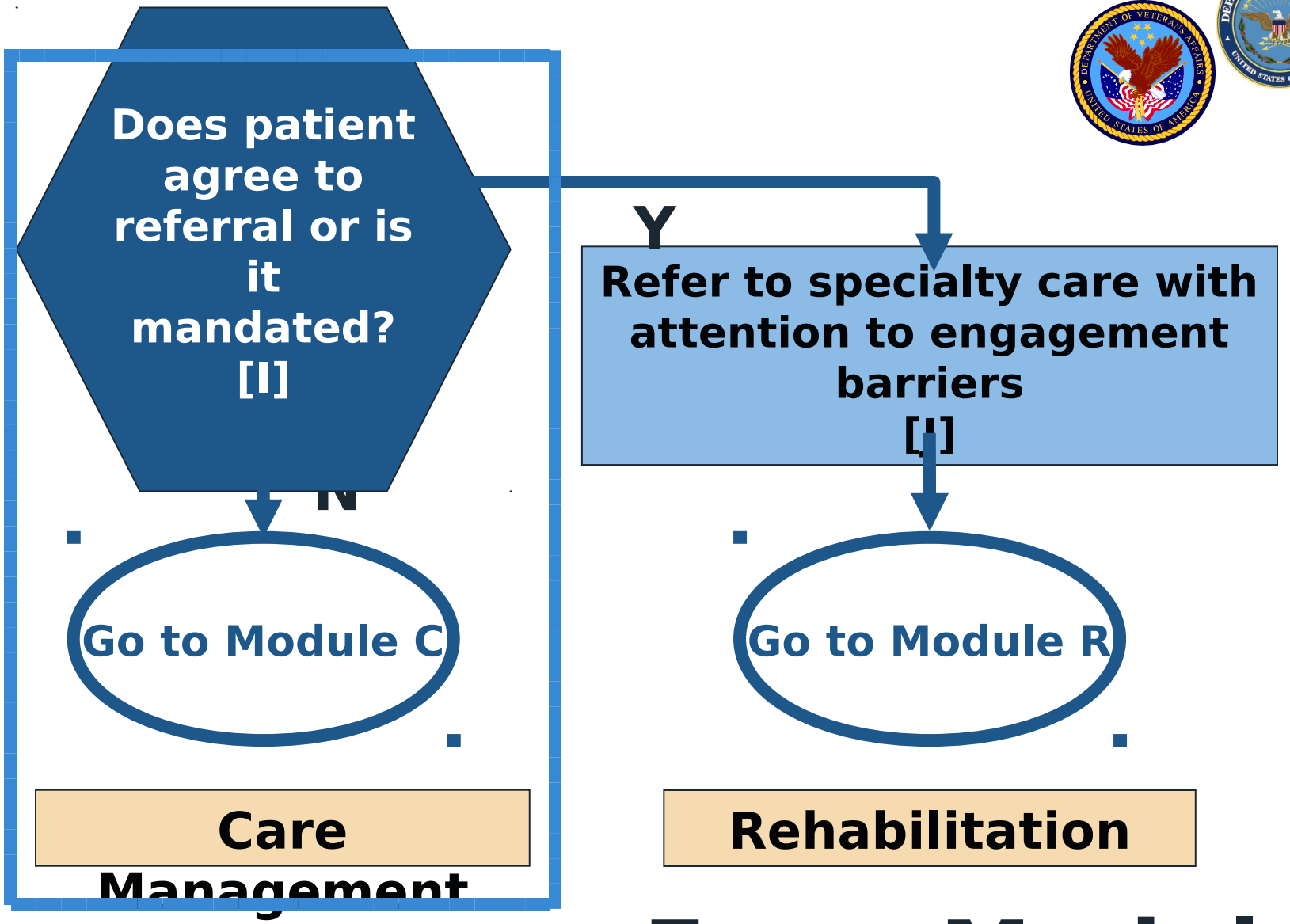


That new model is…

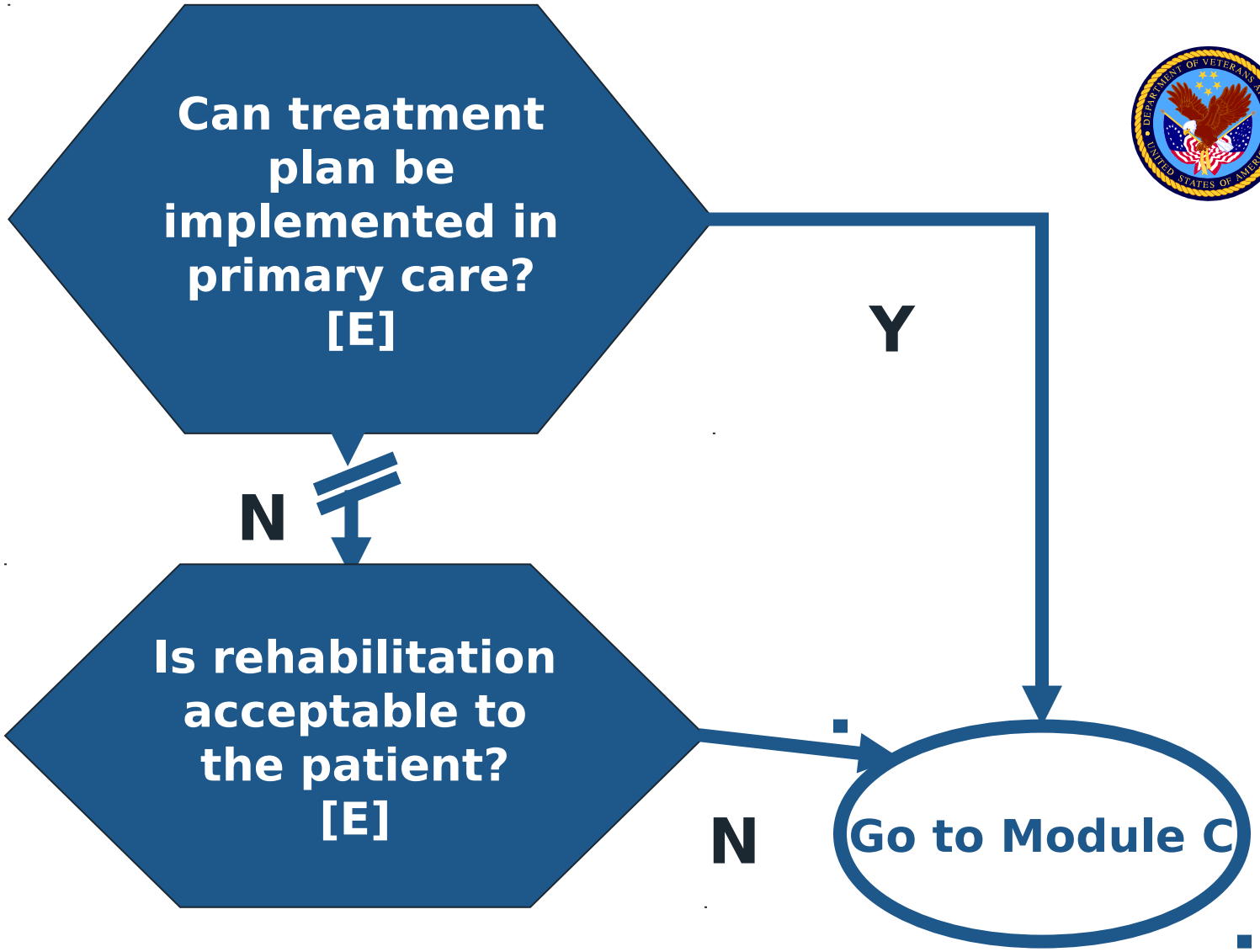
Care Management For Chronic Addiction



Application of CMCA


Does patient agree to referral or is it mandated? [I]
Y
Refer to specialty care with attention to engagement barriers [I]
N
Go to Module C
Go to Module R
Care Management
Rehabilitation

From Module A

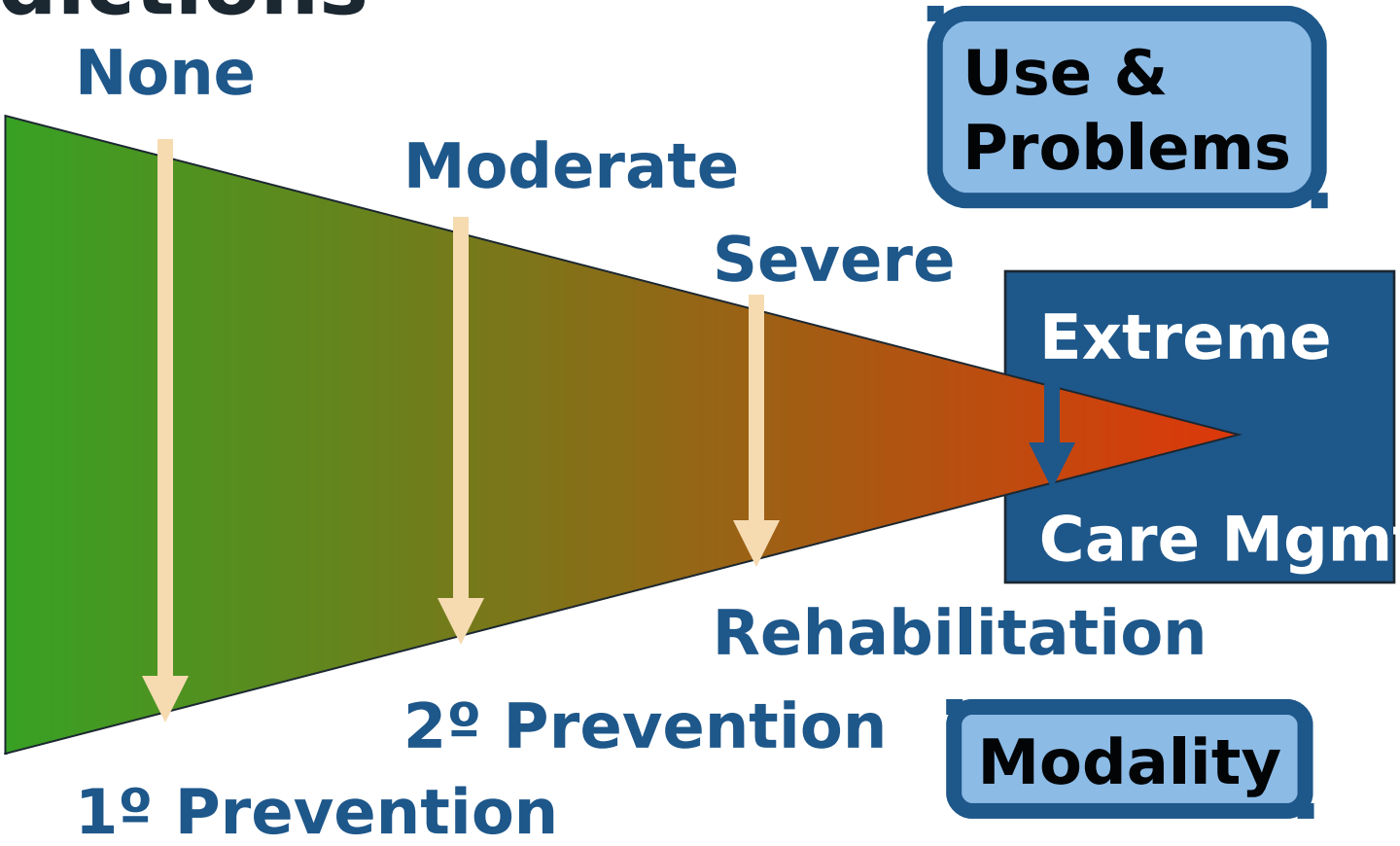


From Module R

Care Management Indications

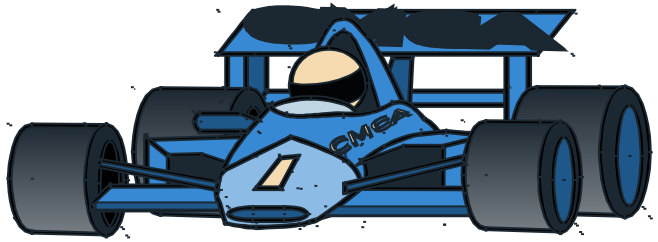
- Moderate to extreme severity
- Unwilling to commit to change
- Unable to participate in rehabilitation
- Poor response to multiple attempts at rehabilitation
- Willing to engage in therapeutic relationship

Continuum of Care for Addictions



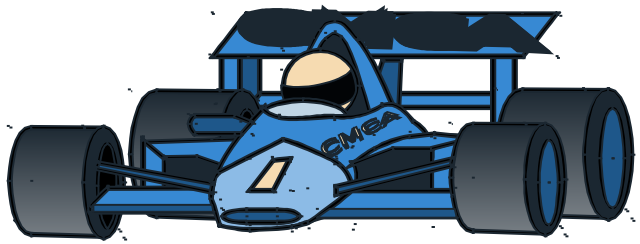
CMCA Goals

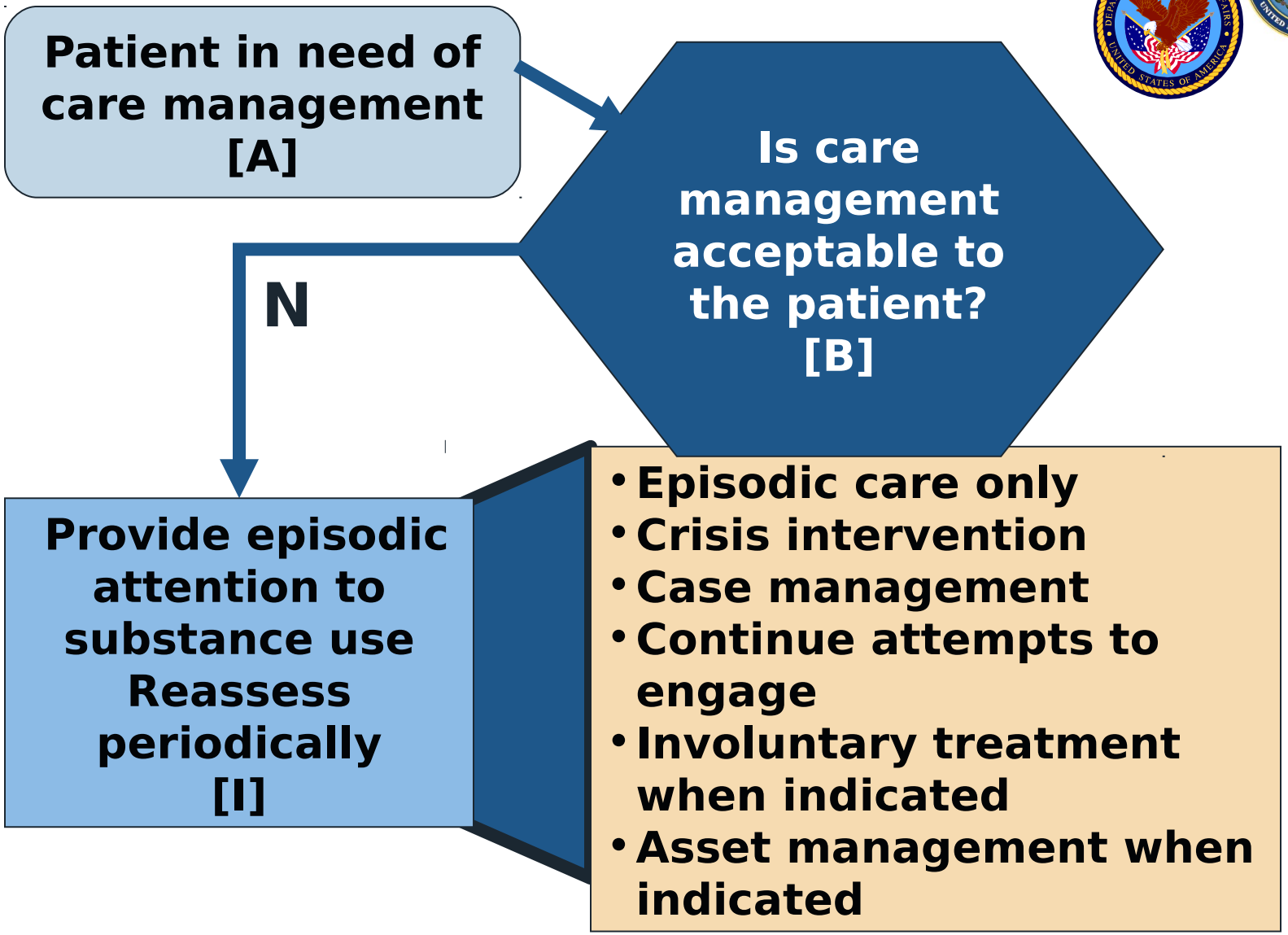
- Engagement
- Coordination of care
- Reduce suffering
- Treat complications
- Improve motivation to change

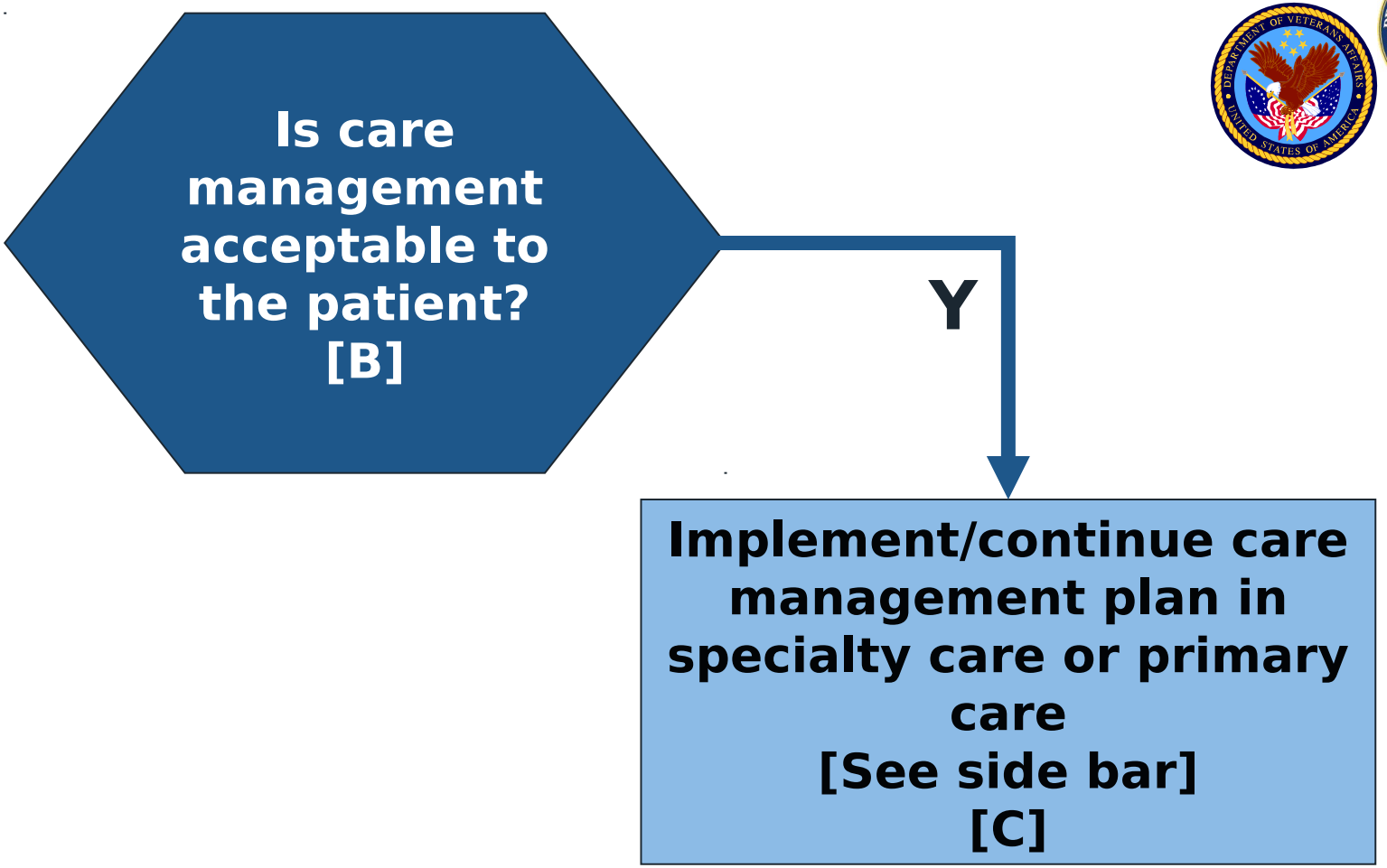


CMCA Goals

- Induce remission when possible
- Prevent/limit relapse
- Slow rate of deterioration
- Reduce use of expensive, ineffective services



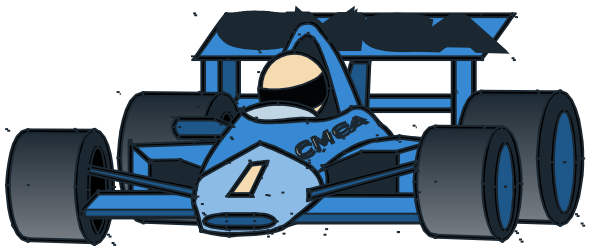

Patient in need of care management [A]
Is care management acceptable to the patient? [B]
N
Provide episodic attention to substance use Reassess periodically [I]
• Episodic care only
• Crisis intervention
• Case management
• Continue attempts to engage
• Involuntary treatment when indicated
• Asset management when indicated


Is care management acceptable to the patient? [B]
Y
Implement/continue care management plan in specialty care or primary care [See side bar] [C]

CMCA Principles

- Supportive, engaging approach
- Document substance use systematically at each visit

Document substance use:
- **Drinking or using days last 30**
- **Typical # drinks/drinking day**
- **Max # drinks/24 hrs last 30**
- **Bingeing**

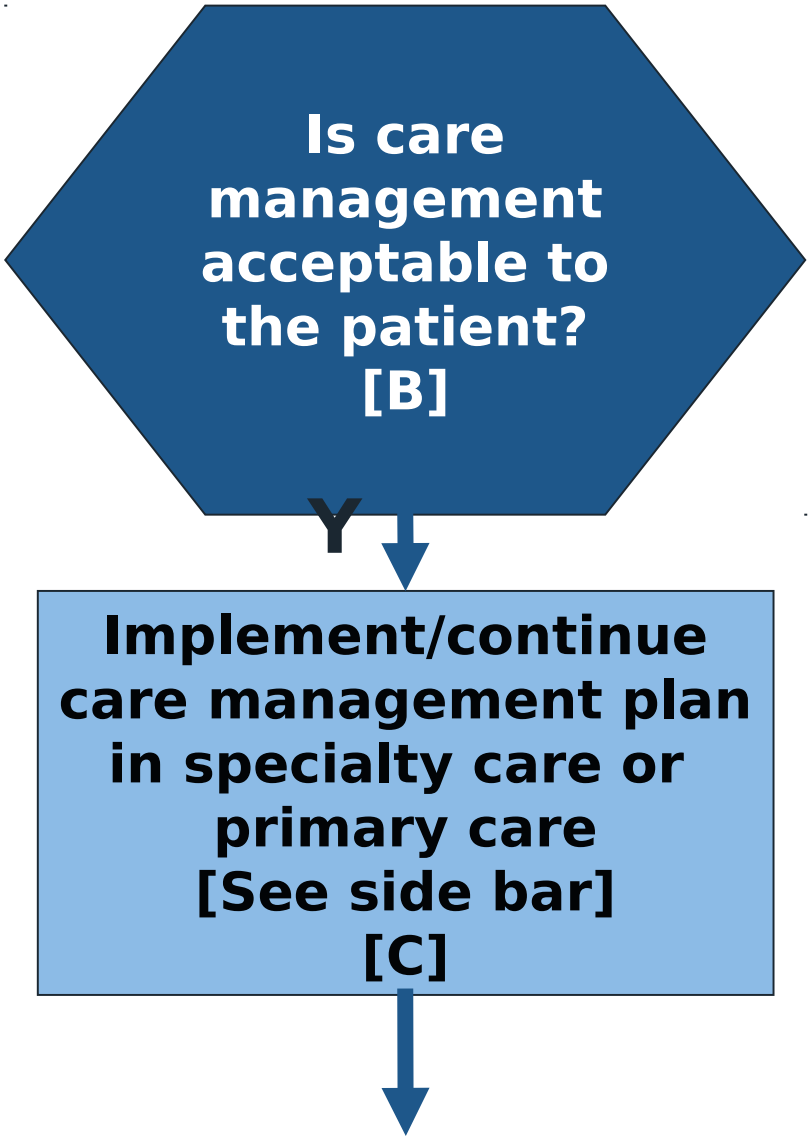


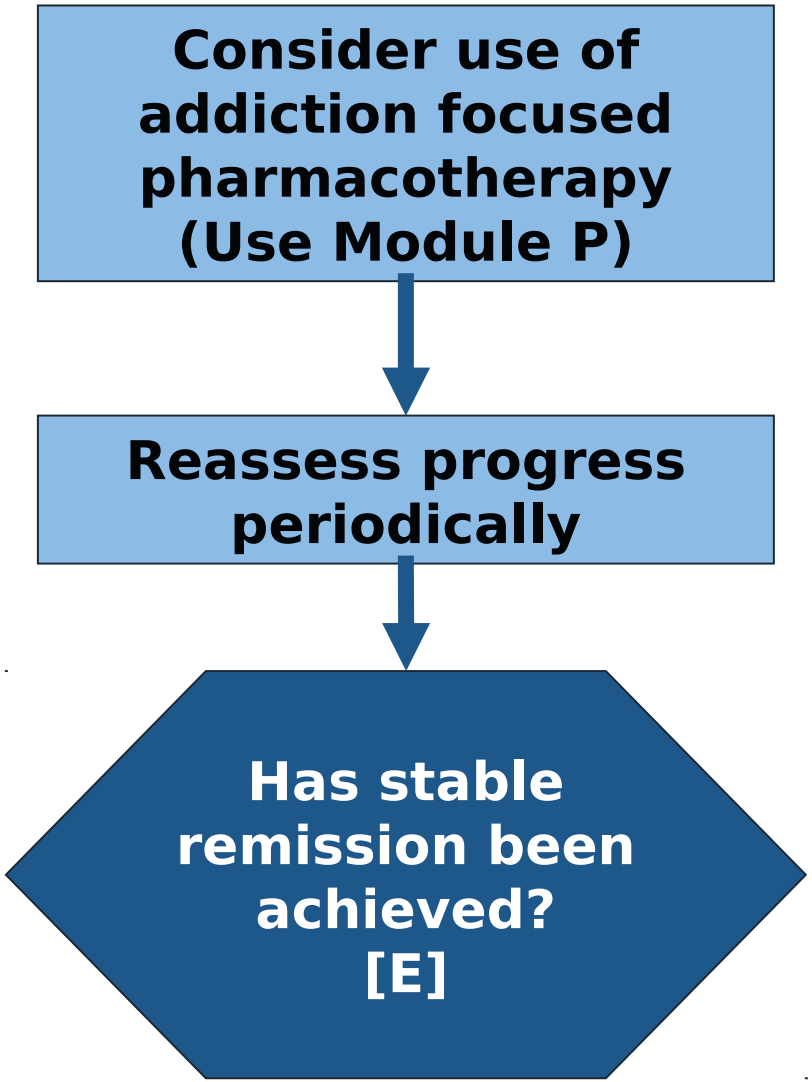
Implement/continue care management plan in specialty care or primary care
[See side bar]
[C]

- Monitor substance use
- Monitor biological indicators
- Encourage reduction or abstinence
- Provide motivational support
- Educate about substance use and associated problems
- Recommend self help groups

Implement/continue care management plan in specialty care or primary care
[See side bar]
[C]

- Address social functioning needs
- Address financial and housing needs
- Address nicotine use as appropriate
- Provide opioid agonist therapy if appropriate
- Provide crisis intervention as needed
- Provide care coordination


Is care management acceptable to the patient? [B]
Y
Implement/continue care management plan in specialty care or primary care [See side bar] [C]


Consider use of addiction focused pharmacotherapy (Use Module P)
Reassess progress periodically
Has stable remission been achieved? [E]

Y

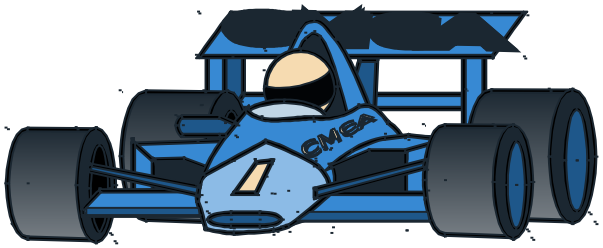
Follow up in primary care
Monitor substance use
Monitor biological indicators
Encourage continued reduction or abstinence
Provide motivational support

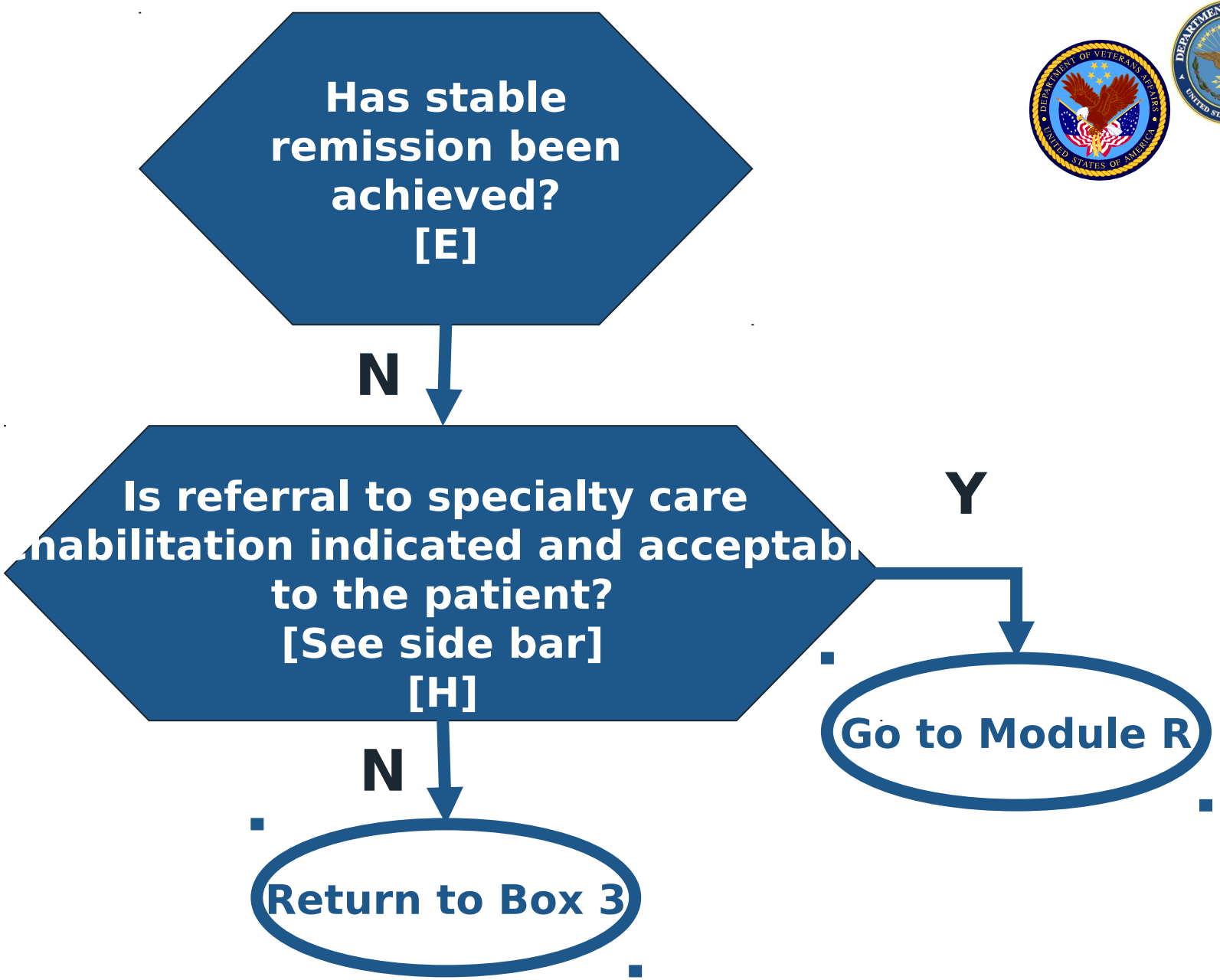
Educate about substance use, associated problems and prevention of relapse [G]

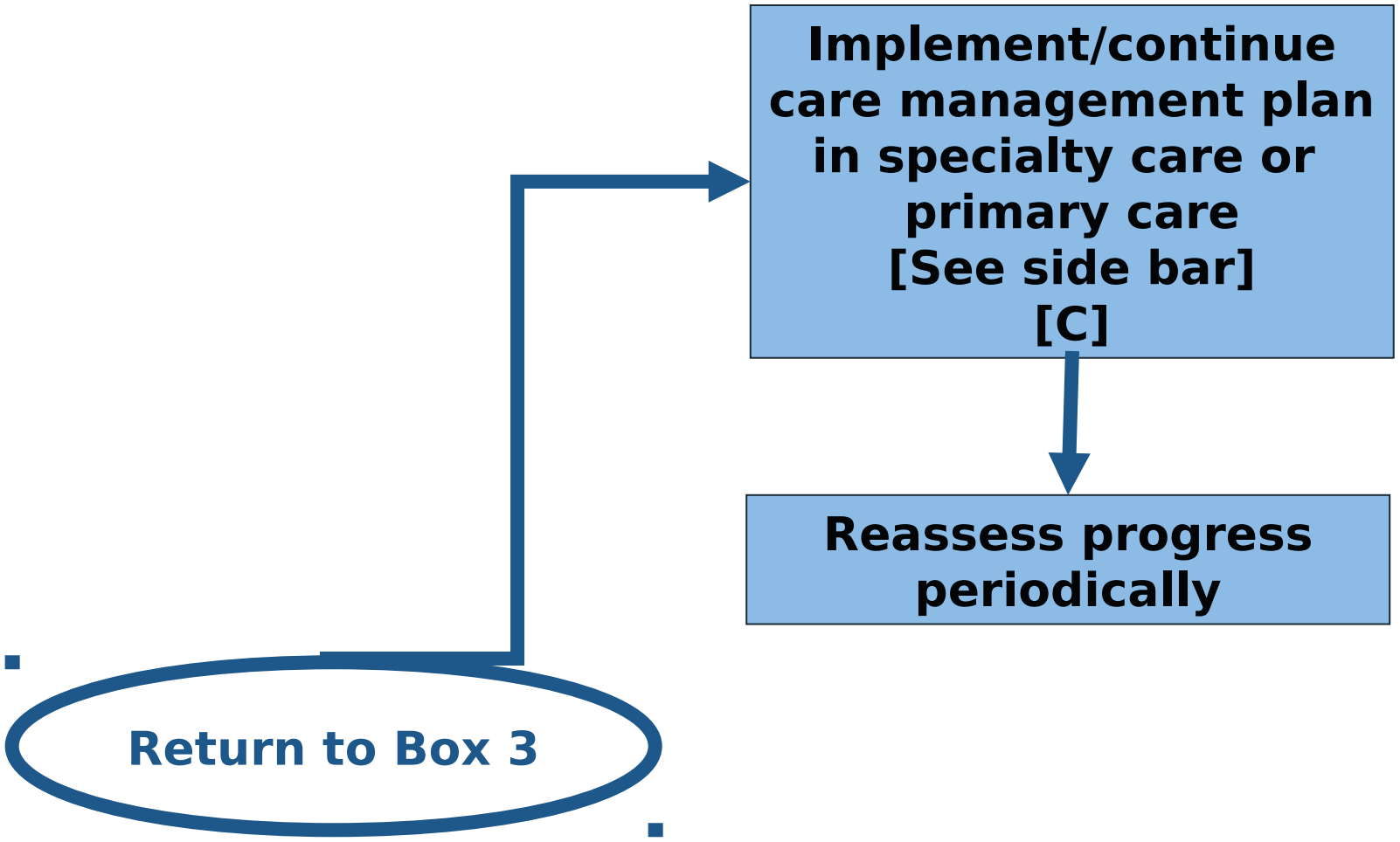
CMCA Reassessment

- Reassess goals periodically
- Long-term, ideal goal remains full remission and improvement in all

  co-existing conditions
- Refer to rehab when goals change




Has stable remission been achieved? [E]
N
Is referral to specialty care
nabilitation indicated and acceptabl
to the patient?
[See side bar]
[H]
Y
Go to Module R
N
Return to Box 3

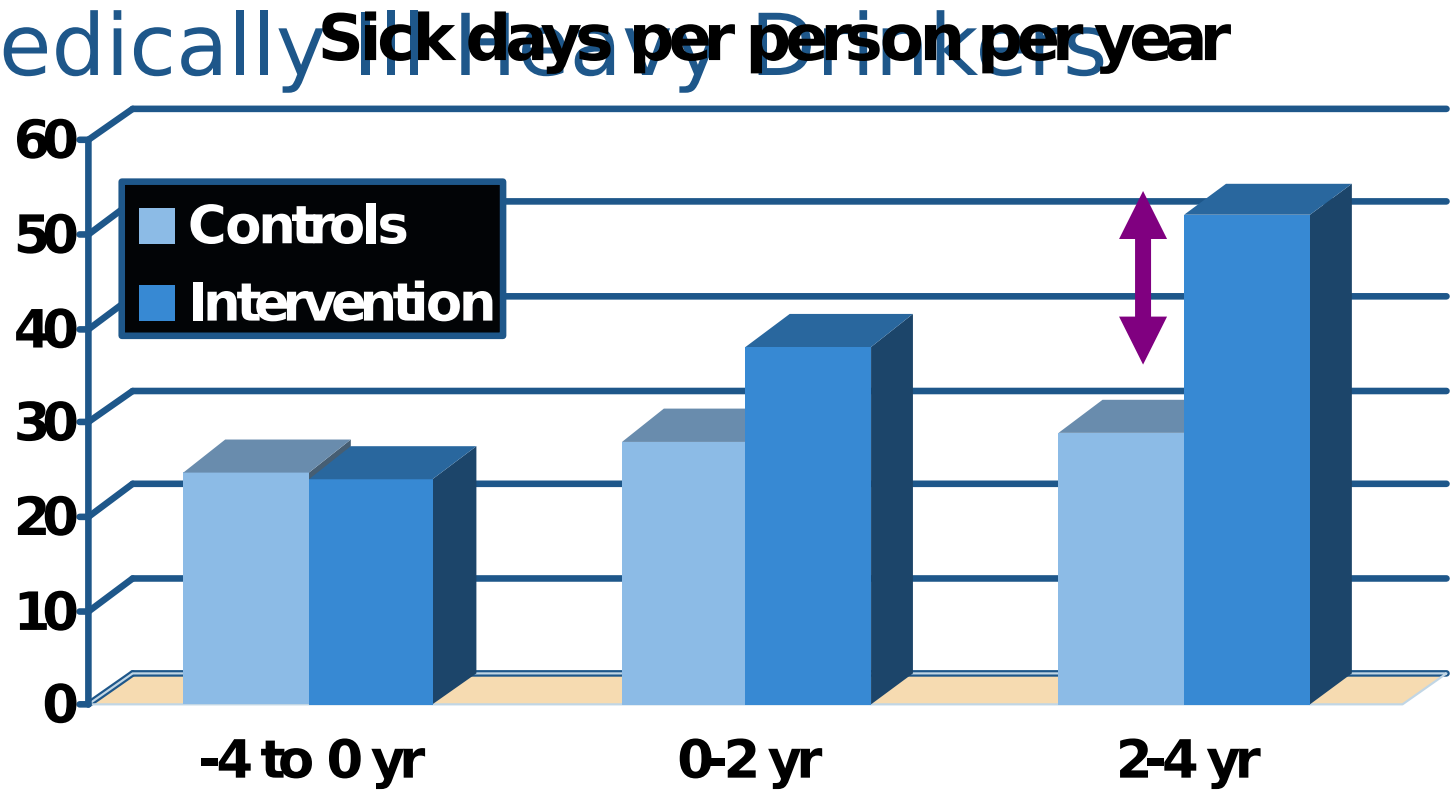

Implement/continue care management plan in specialty care or primary care [See side bar] [C]
Reassess progress periodically
Return to Box 3

Application of Care Management:

Medically Ill Heavy Drinkers

Application of Care Management:

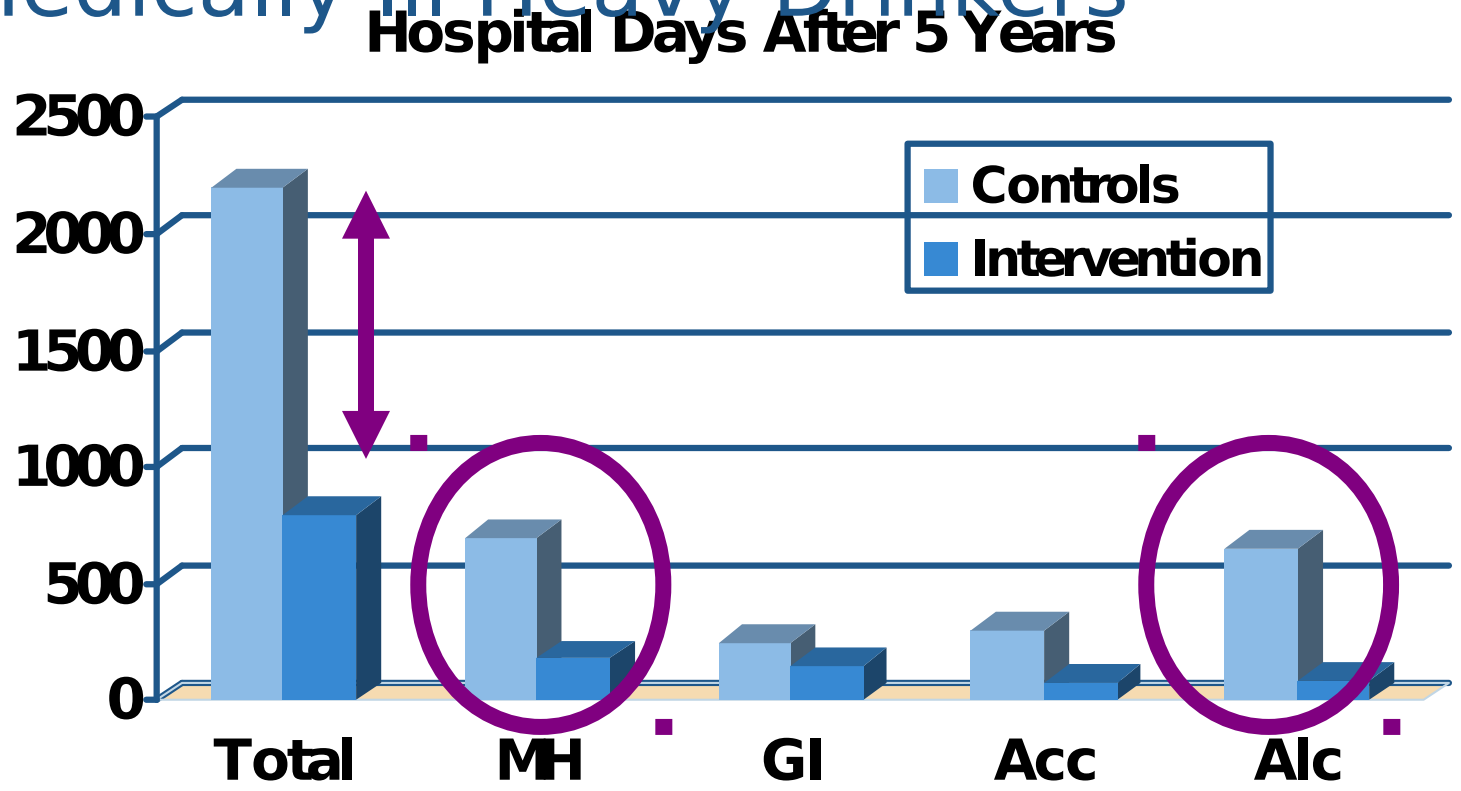
Medically Ill Heavy Drinkers



Kristenson et al., 1983

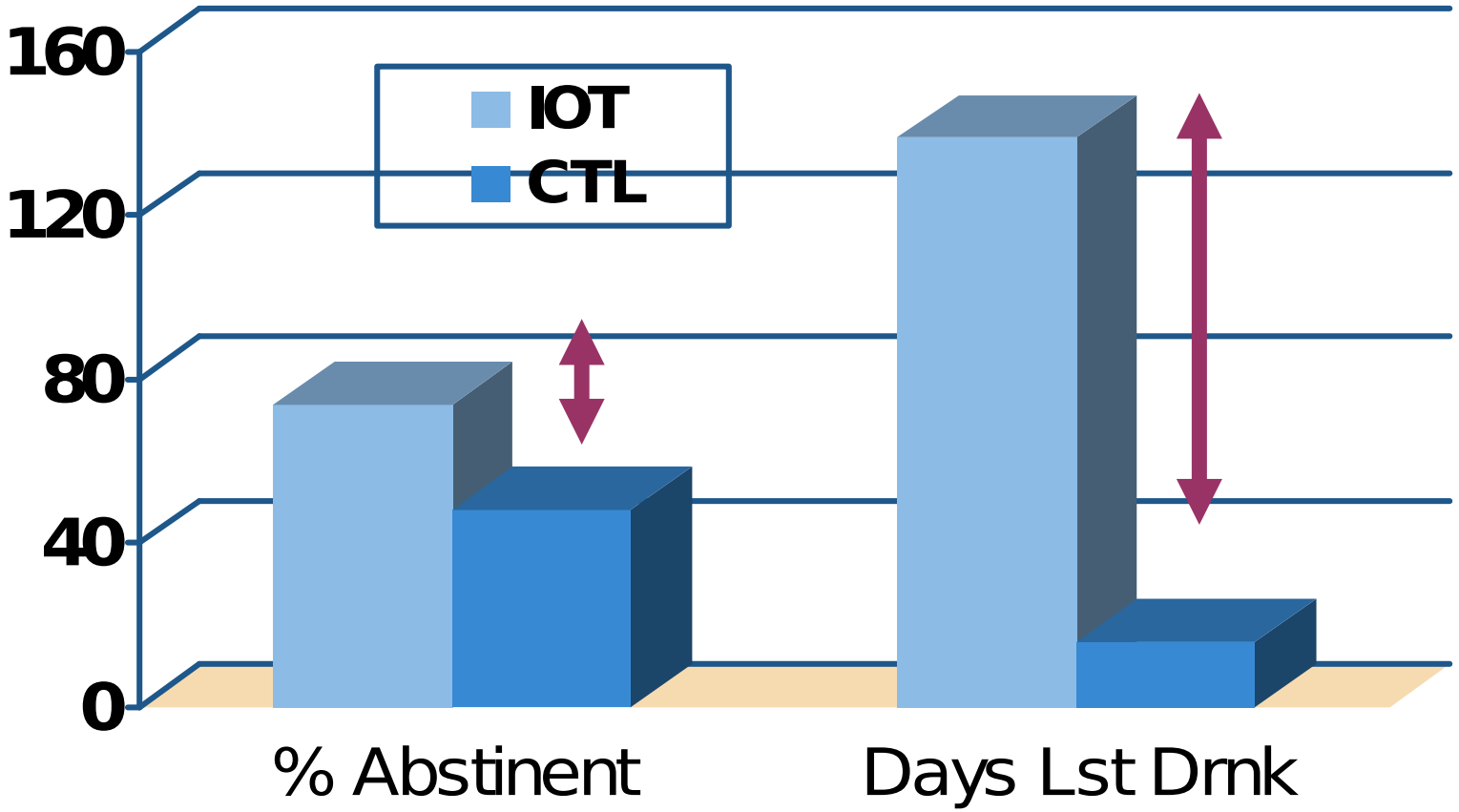
Application of Care Management:

Medically Ill Heavy Drinkers



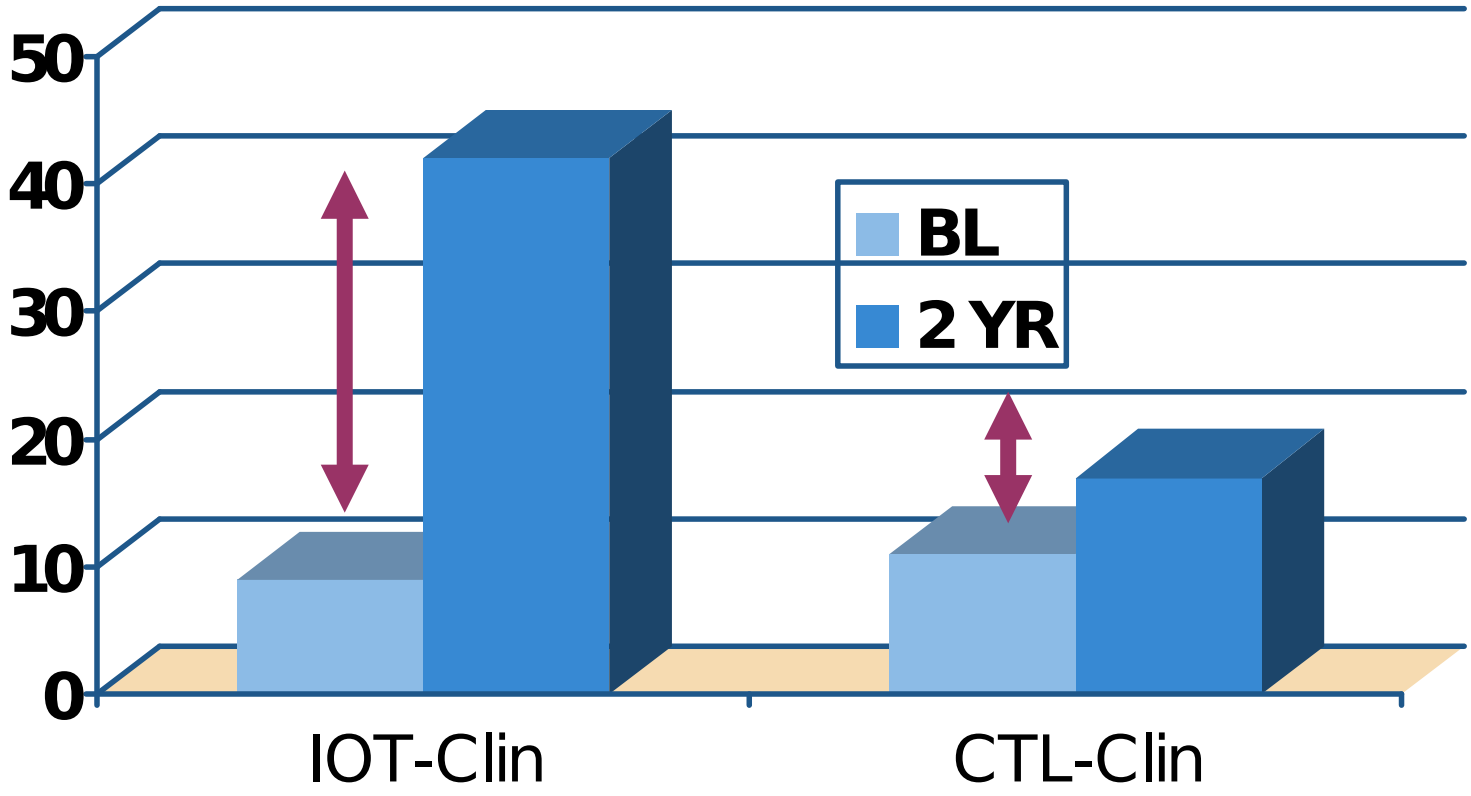
Kristenson et al., 1983

IOT 2 Year Results



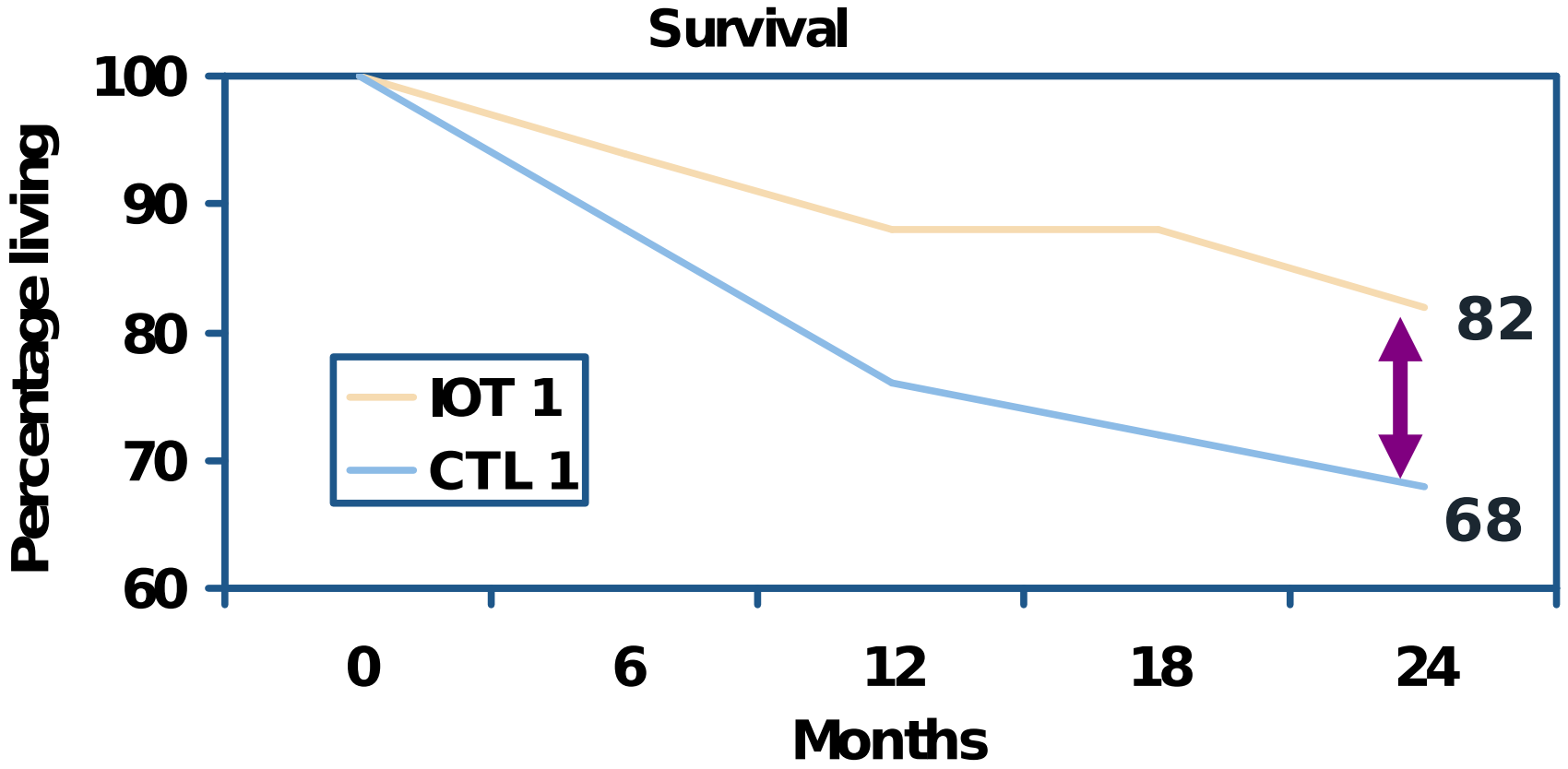
Willenbring and Olson, 1999

IOT Results



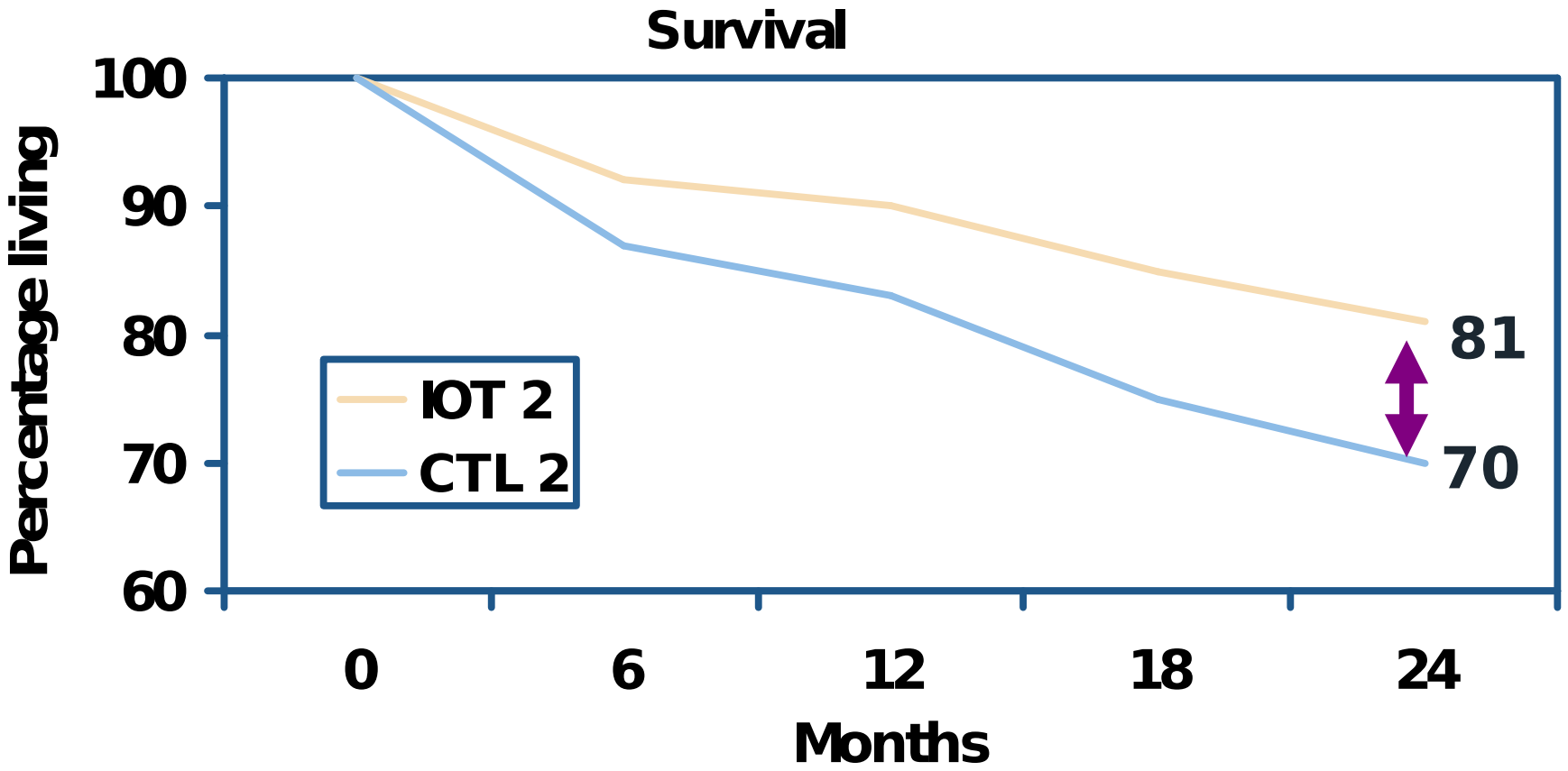
Willenbring and Olson, 1999

IOT for Medically Ill Alcoholics



Willenbring, et al., 1994

IOT for Medically Ill Alcoholics

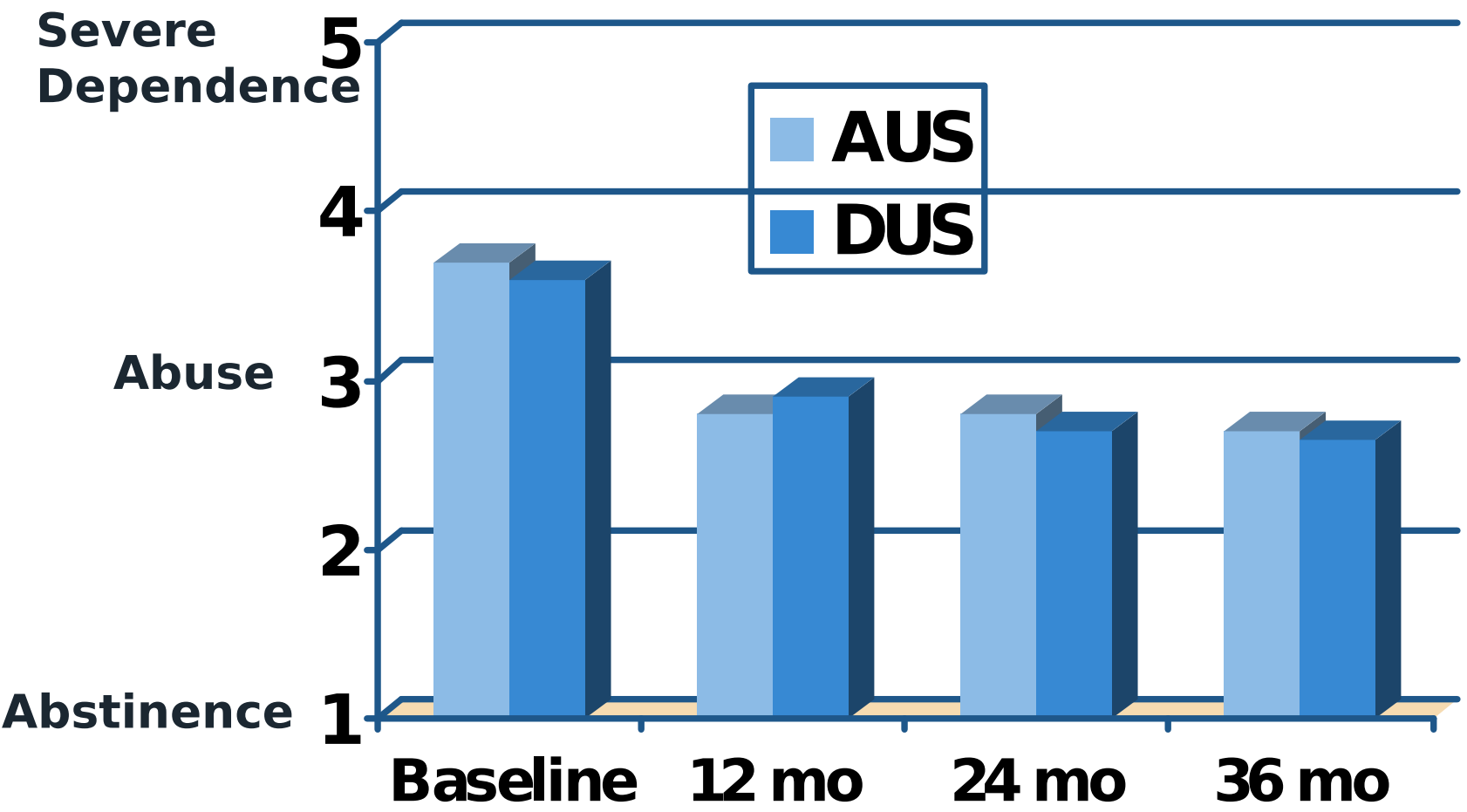


Willenbring and Olson, 1999

Application of Care Management:

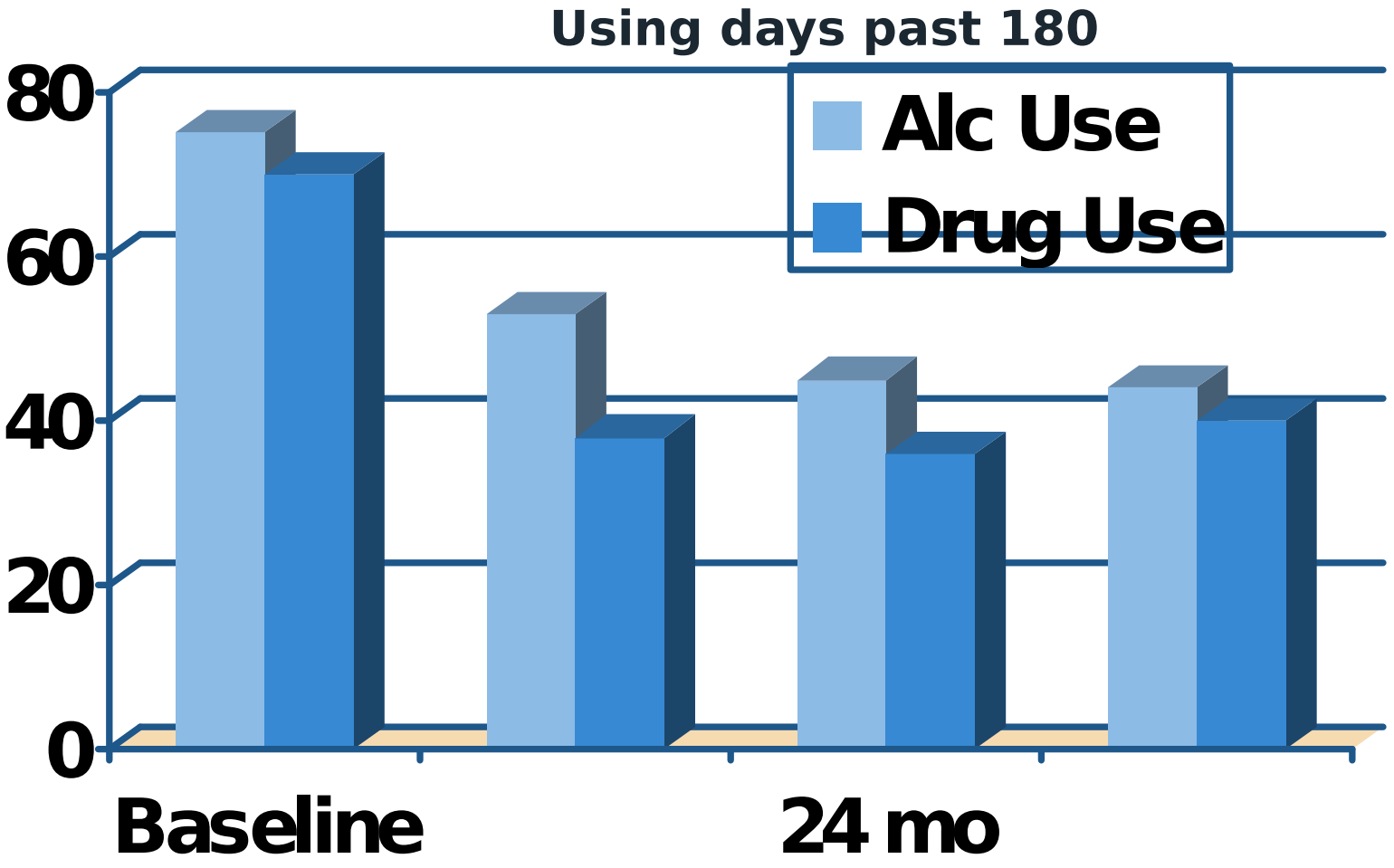
Coexisting Mental and Addictive Disorders (COMAD)

Improvement in COMAD



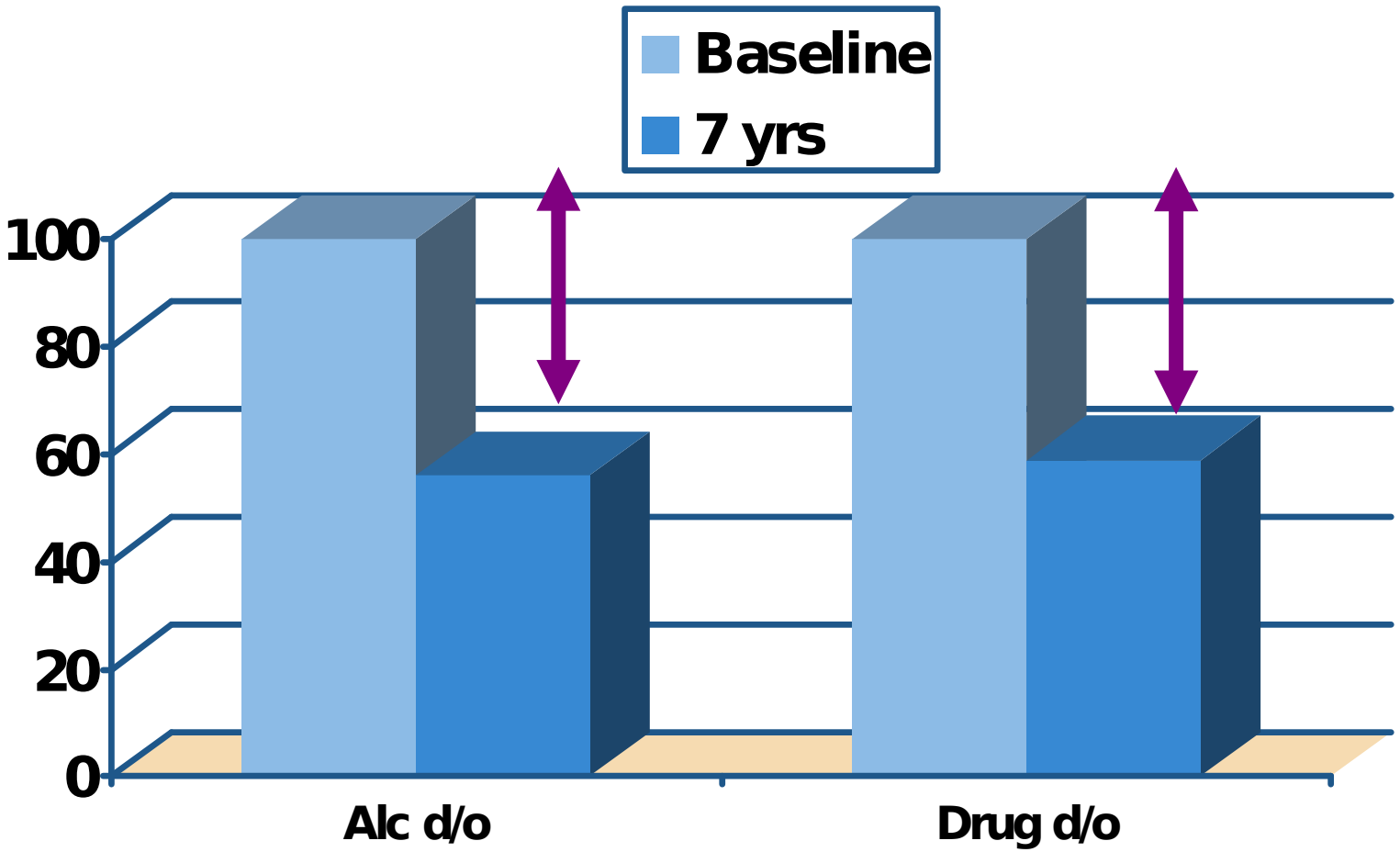
Drake et al., 1998

Improvement in COMAD



Drake et al., 1998

Improvement in COMA-D



Bartels et al., 1995

Summary

- Care management is a pragmatic approach to treating substance use disorders as a chronic illness.
- Care management can be applied by any professional in any setting
- Evidence to date shows a better long-term prognosis than is commonly appreciated.